

# FMCSA Motor Carrier

USDOT Number: **1962164**  
Docket Number: **MC695617**  
Legal Name: **AUTO STAR TRANSPORT INC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **8703 N WARREN ST  
SPOKANE, WA 99208**  
Business Phone: **(509) 315-4960** Business Fax: **Fax: (509) 443-4623**  
Mail Address: **PO BOX 7151  
SPOKANE, WA 99207**  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>INACTIVE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$750,000</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>NO</b>	Bond on File:	<b>NO</b>
Blanket Company:	<b>SKB TRUCKING PERMITS &amp; LOGISTICS, INC</b>						

## Comments:

## Active/Pending Insurance:

Form:	Type:	Posted Date:	
Policy/Surety Number:	Coverage From:	<b>\$0</b>	To: <b>\$0</b>
Effective Date:	Cancellation Date:		

## Rejected Insurances:

Form:	Type:		
Policy/Surety Number:	Coverage From:	<b>\$0</b>	To: <b>\$0</b>
Received:	Rejected:		
Rejected Reason:			

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>WK002473</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>12/08/2009</b>	To: <b>12/08/2012</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **NORTHLAND INSURANCE COMPANY**

Attn:

Address: **385 WASHINGTON STREET MAIL CODE 103  
ST. PAUL, MN 55102-1309 US**

Telephone: **(651) 310 - 4100** Fax: **(651) 310 - 4949**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>		
Policy/Surety Number: <b>013CP0118500</b>	Coverage From	<b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date From: <b>12/08/2012</b>	To: <b>01/18/2014</b>	Disposition: <b>Cancelled</b>	

Insurance Carrier **SPARTA INSURANCE COMPANY**

Attn: **CLAIM REPORTING NUMBER**

Address: **CITY PLACE II 185 ASYLUM STREET  
HARTFORD,, CT 06103 US**

Telephone: **(877) 500 - 8717** Fax: **(860) 275 - 6501**

## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	12/16/2009 REVOKED 01/27/2014

## Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

## Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason
CONTRACT	12/23/2013	01/27/2014	INVOLUNTARY REVOCATION